

YOUTH SERVICES POLICY

Title: Critical Incident Stress Management (CISM) Program Next Annual Review Date: 04/28/2017	Type: A. Administrative Sub Type: 2. Personnel Number: A.2.20
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References: ACA Standard 4-JCF-2A-30 (Performance-Based Standards for Juvenile Correctional Facilities); YS Policy Nos. A.1.7 "Risk Management", A.1.8 "Emergency Operations Plan", A.1.14 "Unusual Occurrence Reports", A.2.22 "Violence-Free Workplace", B.6.2 "Communicable and Contagious Diseases and Infection Control Program", B.6.7 "Secure Care Suicide Prevention", C.2.2 "Facility Riot, Significant Disturbance and Hostage Situation", and C.5.2 "Regional Office Duty Officers and Facility Administrative Duty Officers (ADOs) Reporting of Serious Incidents"; International Critical Incident Stress Foundation's manual on "Group Crisis Intervention"	
STATUS: Approved	
Approved By: Mary L. Livers, Deputy Secretary	Date of Approval: 04/28/2016

I. AUTHORITY:

Deputy Secretary of Youth Services (YS) as contained in La. R.S. 36:405. Deviation from this policy must be approved by the Deputy Secretary

II. PURPOSE:

To provide for a review of any critical, violent or traumatic incident, as well as the emotional impact on staff and youth, and the response of YS to the impact. This may include any event that has the power to emotionally overwhelm an individual's usual ability to cope, and which may interfere with the functioning of a person's coping abilities immediately or in the future.

III. APPLICABILITY:

All employees of YS. Each Unit Head shall ensure that the proper procedures are in place to comply with the provisions of this policy.

IV. POLICY:

It is the Deputy Secretary's policy that a debriefing shall occur following any critical, violent or traumatic incident. The review shall include staff and youth actions after the incident, corrective actions taken and still needed, plans for improvement to avoid another incident, review of the emotional impact on staff and youth, and plans to mitigate the emotional impact or stress on staff and youth should another incident occur in the future.

V. DEFINITIONS:

Critical Incident – Any event or situation that threatens staff or youth in their community (juvenile justice setting).

Critical Incident Review - An approach taken by the Deputy Secretary after any critical, violent or traumatic incident to review the actions of staff and youth, review corrective actions taken, make plans for improvement, and respond to the emotional impact on staff and youth.

Critical Incident Stress Management (CISM) Techniques - An integrated system of interventions designed to prevent and/or mitigate adverse psychological reactions and to provide stabilization to an individual following a critical, violent or traumatic incident. There are several types of CISM methods to include:

Demobilization - A CISM technique that is a one-time, end of shift, large-group information process that occurs immediately after a unit completes its first shift for those staff working in emergency situations that have been exposed to a significant traumatic event such as a disaster. (Refer to YS Policy No A.1.8)

Defusing - A CISM technique that usually occurs within eight (8) to twelve (12) hours following an incident, and includes a brief confidential discussion between person(s) involved and support team members. Defusing is used to restore the person's cognitive functioning and to prepare him for future stress reactions as a result of the incident.

Critical Incident Stress Debriefing (CISD) - A CISM technique to include a group meeting [three (3) to twenty (20) individuals which can include staff from administration, security and health services] that provides a closed confidential discussion of an event to address the feelings and perceptions of those directly involved prior to, during and after a stressful incident.

The debriefing is designed to provide support to the affected individual(s), and to serve as an outlet for the views and feelings associated with the incident. CISD and related defusing processes are solidly based in crisis intervention theory. It is designed to mitigate the psychological impact of a traumatic event, to prevent the subsequent development of post-traumatic syndrome, and to provide an early identification mechanism for individuals who shall require professional follow-up subsequent to a critical, violent or traumatic incident. CISD is not therapy or a substitute for therapeutic intervention. It is a group process designed to reduce stress and enhance recovery from a stress related incident.

Participation in debriefing shall not solve the problems presented by the event, but it may serve to accelerate the rate of "normal" recovery for those involved. A CISD can occur within one (1) to ten (10) days of the traumatic event.

Facility or Regional EAP Coordinator - A staff member designated by the Unit Head to assist the family as needed.

Regional Director – The Deputy Assistant Secretary responsible for the oversight of all functions and operations of the Community Based Services Regional Offices and the secure care facility in their assigned Region.

Statewide CISM Coordinator - The Director of Treatment and Rehabilitative Services, as designated by the Deputy Secretary to be the leader of the agency's CISM Program.

Support Team - Personnel appropriately trained in the use of CISM techniques. Training shall include instruction in how to recognize, understand and provide aid to those affected by stress reactions during and after critical, violent or traumatic incidents. Note: Support team members shall be trained in CISM techniques before participating in a debriefing.

Unit Head - Deputy Secretary, Facility Directors and Regional Managers.

Unusual Occurrence Report (UOR) – A form/document that must be completed by staff to report incidents or observations of events that may have an impact on any aspect of the agency. UOR forms shall be made available to all employees, working all areas at all times. Employees must complete and submit a UOR prior to the end of their tour of duty on the day the incident was observed or comes to the employee's attention in any way. If a UOR form is not available, the employee must use any paper available to report the pertinent information. UORs may also be submitted by email in any format. [Refer to YS Policy No. A.1.14]

YS Central Office - Offices of the Deputy Secretary, Assistant Secretary, Undersecretary, Chief of Operations, Deputy Assistant Secretary, General Counsel, Regional Directors, and their support staff.

VI. REPORTING:

Once an incident has occurred, the Facility Director or Regional Manager shall inform the Regional Director, who shall in turn notify the Assistant Secretary and the Deputy Secretary of the incident. Pursuant to YS Policy No. C.5.2, the Unusual Occurrence Reports (UORs) along with all other documents shall be forwarded to applicable staff.

Immediately following a critical incident, the Statewide CISM Coordinator shall assess the seriousness of the incident and the trauma caused by the incident on staff and youth, and make a recommendation to the Deputy Secretary, Assistant Secretary, and Regional Director as to whether the agency should respond to mitigate the emotional impact by using several possible Critical Incident Stress Management (CISM) techniques. The recommendation shall be submitted on the "Critical Incident Stress Management Request Form" [see Attachment A.2.20 (a)].

VII. CRITICAL INCIDENT REVIEW:

Following a critical incident, a review shall occur as soon as possible, but no later than two (2) weeks following the incident. Person's to coordinate and conduct this review with staff shall be determined by the Deputy Secretary, Assistant Secretary, Regional Director and the Chief of Operations. Designated staff will be coordinated to provide information about the incident and actions following the incident, such as:

- Staff and youth actions during the incident;
- Corrective actions taken and still needed;
- Plans for improvement to avoid another incident; and
- The incident's impact on staff and youth and the response from the agency to mitigate the emotional impact.

All critical incidents shall be reviewed by the Deputy Secretary, Assistant Secretary, Chief of Operations, Regional Director, Director of Treatment and Rehabilitative Services, Juvenile Justice Staff, Director of Investigative Services (IS) if applicable, and the Health Services Administrator if secure care related.

The two (2) week follow up review should occur to review the validity and appropriateness of all policies, plans and information used during the critical incident and immediately after.

VIII. CRITICAL STRESS MANAGEMENT TECHNIQUES AND CONFIDENTIALITY STATEMENT:

Apart from the investigative portion of the Critical Incident Review, Critical Stress Management Techniques that are implemented to mitigate emotional impact on staff and youth are not investigatory processes, and as a result are confidential. CISM support team members shall maintain the strict confidentiality of all matters discussed during crisis management interventions. Only a brief report shall be submitted to the Deputy Secretary following the implementation of a CISM technique that would describe the technique used and the events, the estimated effectiveness of the technique used, and any follow up need that the staff and youth may have. Staff or youth names shall not be included in the report.

An exception to confidentiality may be allowed only when there is reason to believe a person presents a danger to himself or others (for example, threats or actions toward suicide, homicide, etc.), there is a strong belief that a person has committed a felonious act, or the safety of fellow employees or youth are at stake.

IX. HIERARCHY OF TRAUMATIC INCIDENTS:

Following contact, the Statewide CISM Coordinator shall determine the seriousness of the emotional impact on staff and youth, and whether a CISM technique needs to be implemented by ranking them in the following tiers.

A. Tier I: Job Related

- Any line of duty incident involving an employee or youth fatality, brought about by other than natural causes (refer to YS Policy No. A.2.22);
- Being taken hostage or other direct involvement in a hostage situation (refer to YS Policy No. C.2.2);
- Significant injury to an employee sustained in the course of an altercation or confrontation with a youth (refer to YS Policy No. B.6.4); or
- Suicide of a youth under the employee's clinical or custodial supervision at the time of the suicide (refer to YS Policy No. B.6.7).

B. Tier II: Job Related

- Severe automobile accident in the line of duty (refer to YS Policy No. A.1.7);
- Exposure to blood borne pathogens (HIV, etc.) via needle stick, punctures or other invasive means (refer to YS Policy No B.6.2); or
- Witnessing assault which results in significant, life threatening injuries to a youth or staff member (refer to YS Policy No. B.6.4).

C. Tier III: Personal

- Violent or traumatic injury to, or death of, an employee not in the line of duty;
- Suicide or attempted suicide of a fellow worker;
- Suicide or attempted suicide of a family member; or
- Violent or unusual death of a family member.

X. USE OF CRITICAL INCIDENT STRESS MANAGEMENT TECHNIQUES:

- A. Participation in CISM shall be mandatory for employees and youth involved in Tier I incidents after an assessment has been made by the Statewide CISM Coordinator and found to be warranted.
- B. Participation in CISM shall be optional for employees and youth involved in Tier II or Tier III incidents.
- C. Participation in CISM is critically important, but shall be optional for the families of the primary employee or youth who has been involved in a critical, violent or traumatic incident. Family notification of the incident shall be the responsibility of the Unit Head/designee. At the time of notification, the Unit Head/designee or the Facility/Regional EAP Coordinator shall assist the family.
- D. The EAP Coordinator shall be responsible for the following:
 - 1. Immediately contacting the family and establishing rapport between the Unit and the family;
 - 2. Establishing a family spokesperson who shall:
 - a. Exchange pertinent information;
 - b. Make requests on behalf of the family; and
 - c. Make decisions for the family.
 - 3. Advise the Unit Head of family requests and provide assistance that is deemed appropriate to the situation.
 - 4. Advise the family of the availability of the CISM Support Team.
 - 5. Coordinate services or referrals to outside resources if requested.
 - 6. Maintain daily contact with the family during the crisis and provide follow-up contacts as necessary.

XI. PROCEDURES:

- A. Statewide CISM Coordinator:

The Statewide CISM Coordinator shall work with the affected Unit Head/designee to ensure that the CISM technique is accomplished.

- B. Tier I Incidents:

In the event of a critical, violent or traumatic incident, the Unit Head/designee shall contact the Statewide CISM Coordinator, who shall initiate an assessment of all Tier I incidents to determine if CISM techniques shall be mandated.

C. Tiers II and III Incidents:

CISM is optional for Tier II and Tier III incidents, and may be discussed with the Statewide CISM Coordinator and/or the affected employee to determine if a CISM technique is warranted and desired.

D. Critical Incident Stress Management (CISM) Techniques:

1. Demobilizations:

Demobilizations shall occur before the end of the first shift during an emergency response. The main function of this event is to provide the following:

- a. Practical information about the event;
- b. A rest break after disaster work before returning home or non-disaster related duties; and
- c. An opportunity for assessment of personnel to identify staff that might need additional support.

2. Defusing:

Defusing shall occur within eight (8) to twelve (12) hours of an incident and shall include a confidential discussion between person(s) involved and support team members. In addition, defusing is used to restore the person's cognitive functioning and to prepare that person for future stress reactions as a result of the incident.

3. Critical Incident Stress Debriefings:

Debriefings shall occur within one (1) to three (3) days in acute situations, but one (1) to ten (10) days after most other incidents. Debriefing is designed to provide support to the affected individual(s), and to serve as an outlet for the views and feelings associated with the incident. Critical incident stress debriefings are not investigatory processes, and shall be confidential. (See definition for full explanation.)

XII. RECORD KEEPING:

Minutes of review sessions, completed summary documents from IS, UORs, and any other documentation related to the incident, shall be maintained on file by the Unit Head/designee for the investigative part of the critical incident reviews only.

XIII. STAFF DEVELOPMENT REQUIREMENTS:

At a minimum, all members of the CISM Team that implement CISM techniques and/or mitigate emotional impact are required to attend a course in Group Crisis Intervention, which has been approved by the International Critical Incident Stress Foundation, utilizing techniques dictated in their latest approved manual on Group Crisis Intervention.

IV. CISM TEAM ANNUAL REVIEW:

The CISM Team shall be reviewed annually at a minimum, or as needed, to allow for the recruitment of new members and to review possible training needs.

All YS employees are eligible to become a member of the team, provided they commit to report to duty to serve as needed at anytime, and have satisfactorily completed the training requirements.

Previous Regulation/Policy Number: A.2.20

Previous Effective Date: 06/30/2014

Attachments/References:



A.2.20 (a) Critical Incident Stress Management Request Form June2014.docx